| IN THE UNITED STATES PATENT AND TRADEMARK OFFICE | | | | | | |
|--|---------------------------------|---|--|--|------|-----------------|
| | Atty | MJW-3 | 9-187 | • | | |
| On the state of | Dkt. | C# | M# | | | |
| BLAKE et al SEP 3 0 2009 TC/A.U. | | 1625 | | | | |
| Serial No. 09/367,261 | niner: | Dentz, | В. | | | |
| Filed: August 10, 2001 | Date: | Septem | ber 30, 2009 | | | |
| Title: DRUG TARGETING | | | | | | |
| | | | | | | |
| Commissioner for Patents P.O. Box 1450 | | | | | | |
| Alexandria, VA 22313-1450 | | | | | | |
| Sir: | | | | | | |
| * RESPONSE/AMENDMENT/LETTER This/is a response/amendment/letter in the above-identified application and includes an attachment which is hereby | | | | | | |
| incorporated by reference and the signature below se signature thereon. | erves a | as the si | gnature to the | attachment in the absence of | nere | eby ny other |
| ☐ Correspondence Address Indication | Form | Attac | hed. | | | |
| Fees are attached as calculated below: | | - | | | | |
| | | nighest i \$52.00 | | \$0.00 (1202)/\$0.00 (2202) | \$ | 0.00 |
| | | nighest i \$220.0 | | \$0.00 (1201)/\$0.00 (2201) | \$ | 0.00 |
| If proper multiple dependent claims now added for first time, (ignore improper); add | | | | | | |
| \$390.00 (1203)/\$195.00 (2203) \$ 0.00 Petition is hereby made to extend the current due date so as to cover the filing date of this | | | | | | |
| paper and attachment(s) T Thr | One wo Mo ee Mo Four N | Month Extends to Month | Extension \$130 ensions \$490. ensions \$1110 xtensions \$173 | 0.00 (1251)/\$65.00 (2251) 00 (1252)/\$245.00 (2252) .00 (1253/\$555.00 (2253) 30.00 (1254/\$865.00 (2254) 0.00 (1255/\$1175.00 (2255) | ¢ | 1175.00 |
| Terminal disclaimer enclosed, add | 110 111 | Jirdii Ext | | 0.00 (1814)/ \$70.00 (2814) | | 0.00 |
| | ement | filed he | | (| • | |
| Rule 56 Information Disclosure Statement Filing Fee | | | | \$180.00 (1806) | \$ | 0.00 |
| Assignment Recording Fee | | | | \$40.00 (8021) | \$ | 0.00 |
| Other: | | | | | \$ | 0.00 |
| | | | | TOTAL FEE | \$ | 1175.00 |
| ☑ CREDIT CARD PAYMENT FORM ATTACHED. | | | | | | |
| The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. | | | | | | |
| 901 North Globo Bood, 11th Floor | NIVO | AL 0 1/4 | NDEDUNG 5 | _ | | *** |
| 901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 | | | NDERHYE P.0 y J. Wilson, Re | | | *. * |
| Telephone: (703) 816-4000 Facsimile: (703) 816-4100 | - | - | ~ ^ | • | _ | _ |
| MJW:tat | Signa | ature: | 1 V CC | ry[4)/500 | | l |

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